

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)  
*01/01/1961*

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.						
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TOTAL IND.	2									
TOTAL DEP.	18	←			↓			↓		
TOTAL CLAIMS	20	←			↓	←		↓	←	
			SEARCHED			SEARCHED			SEARCHED	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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